



535 West Roses Road, San Gabriel, California 91775 | (626) 282-2731

www.achildsgardenschool.org

Registration Form for 2024-2025

Thank you for your interest in A Child's Garden School! Before submitting your application, please take note of the following:

*Two-year-olds must be 2 by September 1st to enroll.

*Older Pre-K students must be 4.5 by August 1st.

*Younger Pre-K must be 4 by August 1st.

*All students (except Tiny Two's) must be completely potty trained.

Registration Fee (Paid Yearly): \$300 | Application Fee (New Families): \$85

Child's Full Name:	
Birthdate:	Sex:
Nickname:	
Home Address:	
City:	Zip:
Home Phone:	Cell:

Parent/Guardian Full Name #1:	
Employer:	
Occupation	
Business Phone:	Cell:
Email:	

Parent/Guardian Full Name #2:	
Employer:	
Occupation	
Business Phone:	Cell:
Email:	

Emergency Contact #1:	
Address:	
Relationship to Child:	
Home Phone:	Cell:

Emergency Contact #2:	
Address:	
Relationship to Child:	
Home Phone:	Cell:

Please indicate your preferences below:

2 Days _____ 3 Days _____ 5 Days _____ Pre-Kindergarten _____

Are you interested in Surround Care? _____ Yes _____ No

Does your child have special needs? _____ Yes _____ No

If yes, please explain:

Does your child speak English? _____ Yes _____ No

What language is spoken in your home? _____

Number of children in your home: _____

Names and ages:

Have siblings attended ACGS? _____ Yes _____ No

Has your child previously attended preschool? _____ Yes _____ No

If yes, where? _____

Do you attend COS for worship? Yes No

Do you attend another place of worship? ____Yes ____No

Would you like information about other family programs at the Church of Our Saviour?
____Yes ____ No

How did you learn about our school?

Are parents together? ____Yes ____No

With whom is the child living?

Who is financially responsible for the child? _____

Please tell us about your child and family, hobbies, interests, pets, sports, etc.

Please initial or sign the following statements:

Initial

I acknowledge that my child is fully potty trained, unless they are enrolled in the two-year-old class, Tiny Two's.	
I acknowledge that I will read the Parent Handbook before the beginning of school.	
I authorize the Director of A Child's Garden School to allow photos to be taken of my child for school photos, publicity and historical records.	
I acknowledge that our family is required to volunteer a minimum of 5 hours per year or be charged \$125.00 per year to opt out. Would you like to opt out of volunteering? ____Yes ____No	
I acknowledge that my application, registration, and June deposits are NON-REFUNDABLE.	

Parent/Guardian Signature

Date

Parent/Guardian Name Printed

For Office Use:

Date Application Received:	Registration Fee:
Application Fee:	Wait List:
Deposit:	Enrollment Packet:



Media Release Form

I authorize the Director of A Child's Garden School to allow photos to be taken of my child, _____, for school photos, publicity and historical records.

Signature: _____

Printed Name of Parent/Guardian: _____

Date: _____



Sign-In & Sign-Out Policy

The Department of Social Services requires that every child enrolled in a preschool program be signed in and out by a responsible adult each time he/she attends school. You must sign your full name and time of arrival or dismissal. In case of an Emergency, we want to know where your child is.

1. Please sign your child in on the clipboard by each classroom. The director or assistant director will be on-site to visit and greet your families.
2. After signing in, please take your child to the door where he/she will be greeted by a teacher. This greeting includes a brief health check. Children exhibiting any signs of illness noted in the handbook will not be admitted. If they do not appear well after you leave, we will call you to take them home.
3. If you arrive after 9:30, please be sure the teacher knows your child is here.
4. If you plan to pick your child up early, we would like to know in advance. In case of last minute change of plans, be sure to speak to the teacher personally or call the director. If someone picks up your child who is not on the emergency card, please send a written note or call the office.
5. At the end of the day, please pick your child up at his or her classroom. Sign your child out on the clipboard at the school's exit.
6. Anyone picking your child up from school must be 18 years or older and is subject to show identification.

Parent/Guardian Signature

Date

Parent/Guardian Name Printed



Family Contract

Child's Name: _____

In entering into this contract for enrollment at A Child's Garden School of the Church of Our Saviour Episcopal Church, we verify that we have read the Parent Handbook and I/We agree to comply with the guidelines contained in that handbook.

I/We understand that our child is enrolled in the Traditional Preschool Program from 9:00 a.m.-12:00 p.m. for ___ days a week. The annual tuition for this year is \$ _____ payable in 10 installments of \$ _____ or in full at the beginning of the school year. No tuition credit is given for absence or school holidays.

Each tuition installment is due on the first of each month and past due after the 10th of the month. Past due tuition will accrue a 10% late fee. If tuition is more than two weeks late, we understand that our child will be disenrolled and will be required to re-apply for admission. The first of ten (10) installments is due no later than August 1st, 2024 and is Non- Refundable (the first payment reserves a place for the fall school year and is applied as the June 2023 installment). The second installment is due September 1, 2024.

I/We further understand that if our family is unable to remain within the guidelines of the Parent Handbook, the administration of A Child's Garden School has the authority to withdraw our child.

PLEASE RETURN ONE COPY TO THE SCHOOL AFTER BOTH PARENTS HAVE SIGNED THIS DOCUMENT BY SEPTEMBER 1, 2024.

Parent/Guardian #1 Signature:

Printed Name:

Parent/Guardian #2 Signature:

Printed Name:



Pesticide Notification

The Healthy Schools Act of 2000 (as amended by Assembly Bill 2865, Chapter 865, Statutes of 2006) requires that all schools and child daycare centers provide parents or guardians of children who are enrolled at the facility with annual written notification of expected pesticide use at schools and daycare centers. The notification will identify the active ingredient or ingredients in each pesticide product and will include the Department of Pesticide Regulation's School Integrated Pest Management (IPM) website (www.schoolipm.info) for further information on pesticides and their alternatives.

Parents or guardians may request prior notification of individual pesticide applications at the school or daycare center. People listed on this registry will be notified at least 72 hours before pesticides are applied. If you would like to be notified every time a pesticide is applied, then please complete and return the form below and return it to A Child's Garden School.

REQUEST FOR INDIVIDUAL PESTICIDE APPLICATION NOTIFICATION A CHILD'S GARDEN SCHOOL

I understand that, upon request, the public school district or child daycare center listed above is required to supply information about individual pesticide application at least 72 hours before application. I would like to be notified before each pesticide application at the site listed above.

I would prefer to be contact by:

Email

In Cubby

No Need to Contact

Please print neatly:

Date:

Parent Guardian Name:
Address:
Phone Number:
Email Address:



Emergency Kit Update

Southern California is a wonderful place to live and raise children. However, along with ideal weather, natural beauty and a rich cultural heritage, we have our share of natural and manmade emergencies. To help us be prepared in case of emergency, please read carefully the part of your handbook on emergency procedures. We have purchased pre-packed emergency kits for each child. Each kit includes: 3 emergency water packs, 1 emergency thermal reflective survival wrap, 2 nutrition bars, 1 poncho with hood, 1 tissue pack, moist wipes, waste bag and 1 snap light stick. To make these kits more personal for your children, we are asking each family member to bring the following items.

- 3 copies of the white emergency cards (please use the back of the cards to make a few notes about your family, home, pets and other things you would like us to know).
 - **Note allergies to medication here as well.**
- A family photo and a note to your child reassuring him or her that all will be well and you will be there soon.
- 1 box of Kleenex for classroom use.
- 2 containers of Clorox wipes
- A complete change of clothes which includes underwear, shirt, pants or shorts and socks. Every child will have their own plastic shoe box to store these items in provided by the school to store these items in.

Being prepared is the best way to feel secure and to share that feeling with our children. If you have any questions please contact Lucero San Lucas, misslucero@ouracgs.org



Additional Forms to be turned in Prior to Enrollment:

[Personal Rights – LIC 613A](#)

[Consent for Emergency Medical Treatment – LIC 627B](#)

[Identification and Emergency Information – LIC 700](#)

[Physician's Report – LIC 701](#)

[Preadmission Health History – LIC 702](#)

[Parent's Rights – LIC 995A](#)



Required Enrollment Forms

Child's Name _____ Classroom _____

The following forms must be returned to school:

Registration Forms	
Registration Fee	
Notification of Parents' Rights	
Sign-in & Sign-out policy	
Media Release Form	
Consent for Emergency Medical Treatment	
Physician's Report	
Child's Preadmission Health History	
Identification & Emergency Information	
Personal Rights	
Emergency Notification Cards (3)	
Family Contract	
Pesticide Application Notification	